

**HOWARD COUNTY INFORMATION SHEET**  
**LIMITED LIABILITY COMPANY (L.L.C.)**  
(Not to be used by Limited Liability Limited Partnership)

FORM C

1. L.L.C. NAME: \_\_\_\_\_
2. L.L.C. ADDRESS: \_\_\_\_\_
3. PRINCIPAL BUSINESS OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (WORK) \_\_\_\_\_ (CELL): \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_
4. NAME AND ADDRESS OF RESIDENT AGENT: \_\_\_\_\_  
\_\_\_\_\_
5. DATE OF FORMATION: \_\_\_\_\_ STATE OF FORMATION: \_\_\_\_\_
6. IF ORGANIZED IN ANOTHER STATE, IS L.L.C. REGISTERED TO DO BUSINESS IN THE  
STATE OF MARYLAND? YES \_\_\_\_\_ NO \_\_\_\_\_
7. MD STATE ASSESSMENT REGISTRATION NO.: \_\_\_\_\_
8. TAX IDENTIFICATION NUMBER: \_\_\_\_\_

Each corporation, partnership, joint venture, or organization identified as a Member must be fully identified on its own Information Sheet. All agreements between Howard County and a Limited Liability Company (L.L.C.) are to be executed by a Member of the L.L.C. who is authorized to act as an agent of the L.L.C.

9. NAMES AND ADDRESSES OF MEMBERS WHO ARE AUTHORIZED TO ACT AS AN AGENT  
OF THE LIMITED LIABILITY COMPANY (ATTACH ADDITIONAL PAGES, IF NECESSARY):  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
10. NAMES AND ADDRESSES OF ANY OTHER MEMBERS OF THE LIMITED LIABILITY  
COMPANY (ATTACH ADDITIONAL PAGES, IF NECESSARY):  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**I do solemnly declare and affirm under the penalties of perjury that the information contained within is true and correct to the best of my knowledge.**

\_\_\_\_\_  
(Authorized Signature) (Date)

\_\_\_\_\_  
(Type or Print Name) (Title)